

State: ILLINOIS

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Agency*	Citation(s)	Groups Covered
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ILLINOIS DEPARTMENT  
OF HUMAN SERVICES

C. Optional Coverage of the Medically Needy (Continued)

- ☐ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_\_).
- ☐ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_\_).
- ☐ (3) Individuals in NFs (who are under the age of \_\_\_\_). NF services are provided under this plan.
- ☐ (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of \_\_\_\_).
- ☐ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- ☒ (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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TN No. <u>97-14</u>	Approval Date <u>AUG 30 1999</u>	Effective Date <u>7-1-97</u>
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Supersedes

TN No. 91-31

HCFA ID: 7983E

State: ILLINOIS

Agency*	Citation(s)	Groups Covered
ILLINOIS DEPARTMENT OF HUMAN SERVICES		C. <u>Optional Coverage of the Medically Needy</u> (Continued)
42 CFR 435.310	<input checked="" type="checkbox"/> 6.	Caretaker relatives.
42 CFR 435.320 and 435.330	<input checked="" type="checkbox"/> 7.	Aged individuals.
42 CFR 435.322 and 435.330	<input checked="" type="checkbox"/> 8.	Blind individuals.
42 CFR 435.324 and 435.330	<input checked="" type="checkbox"/> 9.	Disabled individuals.
42 CFR 435.324	<input type="checkbox"/> 10.	Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340	11.	Blind and disabled individuals who:  a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;  b. Were eligible as medically needy in December 1973 as blind or disabled; and  c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

Agency that determines eligibility for coverage.

TN No. 97-14 Approval Date AUG 30 1999 Effective Date 7-1-97

Supersedes

TN No. 91-31

(ATT. 2.2-A,

Pages 18 & 19)

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October 1991

ATTACHMENT 2.2-A

Page 26a

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State: ILLINOIS

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Citation(s)

Groups Covered

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C. Optional Coverage of Medically Needy  
(Continued)

1906 of the  
Act

12. Individuals required to enroll in  
cost effective employer-based group  
health plans remain eligible for a minimum  
enrollment period of one months.

TN No. 94-8  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 8/11/95

Effective Date 3-1-94